

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039697

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 139

Primary Registration District No. 4224

Registrar's No. 71

FILED NOV 5 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Holt</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Holt</b>                                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Forest City</b>  |                                  | c. CITY OR TOWN <b>Forest City</b>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   |                                  | d. STREET ADDRESS (If outside, give location)  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Robert Lee Field</b>  |                                  | 4. DATE OF DEATH<br>Month Day Year<br><b>October 31 1963</b>   |   |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>Sept. 3, 1893</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farming</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Forest City, Mo.</b>   | 9. AGE (last birthday)<br><b>70</b>   |
| 13a. FATHER'S NAME<br><b>Richard Landon Field</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Alice A. Field</b>   | 12. CITIZEN OF WHAT COUNTRY<br><b>U S A</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of)  |                                  | 16. SOCIAL SECURITY NO.<br><b>Mrs. R.L. Field-Forest City, Mo.</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CARDIO-VASCULAR DISEASE</b>   |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 YEAR</b>  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)   |                                  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                                    |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |                                  | 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |   |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  |                                  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                                  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE   |   |
| 21. I attended the deceased from <b>1955</b> to <b>1963</b> and last saw her alive on <b>OCT 28, 63</b><br>Death occurred at <b>6:45 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |                                  | 22a. SIGNATURE (Degree or title)<br><b>Howard E. Calhoun D.O.</b>  |   |
| 22b. ADDRESS<br><b>Oregon Mo.</b>  |                                  | 22c. DATE SIGNED<br><b>10-31-63</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>11/2/63</b>  |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Benton Cemetery</b>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Forest City Mo.</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>Pettifohn Funeral Home</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>10-31-1963</b>  |   |
| 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |                                  |  |   |

NOV 9 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3192

P. O. Address Oregon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.